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	2012 CalPERS Health Plan Design, Rate and Benefit Changes Webinar		
	CalPERS Preferred Provider Organization (PPO) Plan – Anthem Blue Cross		
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A CalPERS	Preferred Provider Organization (PPO) Plan – Anthem Blue Cross		
	PPO Plan Options – Active Employees & Early Retirees		
	• PERSCare		
	Longest standing planPERS Choice		
	- Most popular plan by enrollment (90% of PPO enrollment)		
	Full Anthem Blue Cross PPO network access PERS Select		
	- Plan introduced January 2008		
	 Subset of Anthem Blue Cross PPO network Same coverage as PERS Choice available, lowest premium 		
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	PPO Plan Comparison: Similarities		
	\$500 calendar year deductible		
	\$20 office visit copay 100% routine/preventive coverage		
	\$50 emergency room deductible		
	Unlimited lifetime maximum coverage		
			-

Preferred Provider Organization (PPO) Plan - Anthem Blue Cross

PPO Plan Comparison: Differences

- 90% coverage on PERSCare, 80% coverage on PERS Choice/Select (after \$500 deductible)
- \$2000 PPO maximum out-of-pocket coinsurance with PERSCare;
 \$3000 PPO maximum out-of-pocket coinsurance with PERS Choice and PERS Select

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Preferred Provider Organization (PPO) Plan – Anthem Blue Cross

How PPO Plan Works

- Services that do not apply to \$500 calendar year deductible:
- Physician office visits
- Routine/preventive visits
- Prescriptions
- Deductible applies to other services
- Coinsurance percentage applies towards calendar year maximum out-of-pocket
- Services for non-participating providers are reimbursed at 60%. The 40% coinsurance does not apply towards maximum out of pocket.

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Preferred Provider Organization (PPO) Plan – Anthem Blue Cross

Example: How Copays and Deductibles Are Applied

Date of Service	Service Performed	Total Negotiated Charge	Member's Cost
January 10	Physician office visit (with dermatologist)	-	\$20 copay
January 17	Follow-up physician office visit; removal of mole (surgical procedure)	\$300	\$20 copay \$300 (credited toward deductible)
January 19	Pathology lab review of removed mole with pathologist MD opinion	\$200	\$200 (credited toward deductible. Deductible met for year.)
April 3	Physician office visit (with orthopedist) knee injury examination	_	\$20 copay
April 4	Physician ordered MRI on injured knee	\$800	\$160 (20% responsibility)

CalPERS	Preferred Provider Organization (PPO) Plan – Anthem Blue Cross			
	Example: How Copays and Deductibles Are Applied (cont'd)			
Date of Service Service Perfo		Service Performed	Total Negotiated Charge	Member's Cost
	April 10	Outpatient knee surgery; surgeon's charge	\$1,500	\$300 (20% responsibility
	April 10	Ambulatory surgical center charge	\$2,500	\$500 (20% responsibility)
	May 30	Emergency triple by-pass surgery	\$60,000 Professional & hospital charges combined	\$2,040 (20% responsibility up to \$3,000; plan pays balance)
	December	Annual physical	-	No charge

Preferred Provider Organization (PPO) Plan – Anthem Blue Cross

2012 PPO Plans Medical Benefits Changes Summary

- Continuation of narrow hospital network (PERS Select plan) introduced in 2011
- Continuation of value based purchasing design for hip and knee joint replacement (all plans) introduced in 2011
- Addition of Value Based Site of Care (VBSOC) new

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Preferred Provider Organization (PPO) Plan – Anthem Blue Cross

Introduction of Value Based Site of Care (VBSOC)

- Wide geographic & treatment cost variations for elective outpatient procedures
- Outpatient hospital setting more costly than ambulatory service center
- No benefit change when a participating ambulatory surgical center is used

Value Based Site of Care (VBSOC) Threshold

- · VBSOC establishes a payment threshold for targeted elective procedures when the service is received at an outpatient hospital
- Effective January 1, 2012, following VBSOC thresholds will apply:

- Colonoscopy: \$1500 threshold - Cataract Surgery: \$2000 threshold - Arthroscopy: \$6000 threshold

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CalPERS Supplement to Medicare Plan

Deductibles

- Pays 100% of Medicare Part A (hospital benefits)
- Pays 100% of Medicare Part B (medical benefits)

Coinsurance

• Pays 100% of Medicare coinsurance

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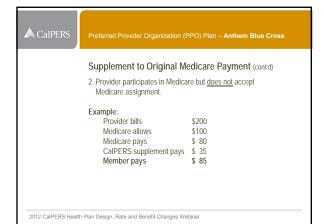
Supplement to Original Medicare Payment

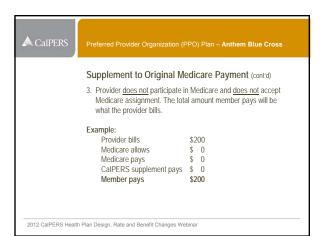
1. Provider participates in Medicare and accepts Medicare assignment. The total amount the member pays is \$0. Medicare-allowed amount is accepted as payment in full.

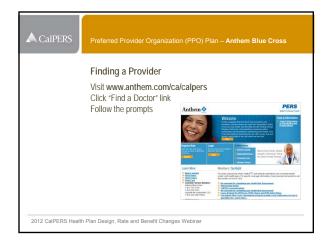
Example:

Provider bills \$200 Medicare allows \$100

Medicare pays \$ 80
CalPERS supplement pays \$ 20 (difference between Medicare & Medicare paid)
Member pays \$ 0







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	Website and Wellness Services			
	360 Health Services ConditionsCare: asthma, diabetes, COPD, CAD, HF			
	Future moms24/7 nurse line and comprehensive audio library			
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	Website and Wellness Services (cont'd)			
	On-line resources at www.anthem.com/ca/calpers			
	WebMD My Anthem			
	Special offers discount programs • Complimentary and alternative care:			
	massage therapy, chiropractic, acupuncture • Club memberships: Curves, Bally's Anytime Fitness			
	Weight loss: Jenny Craig, Weight Watchers Smoking cessation program			
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	CalPERS Preferred Provider Organization (PPO) Prescription Benefit – CVS Caremark			
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PPO Prescription Plan - CVS Caremark

Overview

- CVS Caremark highlights
- Changes for January 1st
- Plan and copay overview
- Filling prescriptions
- · Customer Care
- · Web and mobile resources

Effective January 1, 2012, CVS Caremark replaces Medco as your Pharmacy Benefit Manager

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PPO Prescription Plan - CVS Caremark

About CVS Caremark

- · Largest pharmacy health care provider
- Network of more than 64,000 pharmacies
 - (20,000+ independent community pharmacies; 7,200+ CVS/pharmacy stores)
- No. 1 provider of prescriptions more than
 billion prescriptions filled or managed annually
- Largest employer of pharmacists and nurse practitioners

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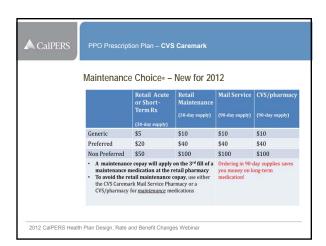
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PPO Prescription Plan – CVS Caremark

Changes Effective January 1, 2012

- CVS Caremark replaces Medco as the PBM for members of CalPERS self-funded PPO plan
- New ID card will be mailed December 2011 a combination card for Anthem PPO medical and CVS Caremark pharmacy coverage.





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	How to Fill a Prescription
	Use the retail pharmacy (up to a 30-day supply) for:
	Short-term prescriptions
	Immediate drug needs
	You can use any CVS Caremark network pharmacy
	Use mail service or CVS pharmacy (up to a 90-day supply) for:
	Long-term prescriptions
	Maintenance medications
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PPO Prescription Plan - CVS Caremark

CVS Caremark Mail Service

All medications with open refills at Medco mail order pharmacy will be transferred to CVS Caremark except for:

- · Expired prescriptions
- · Prescriptions with no open refills
- · Compound medications
- Controlled substances

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PPO Prescription Plan - CVS Caremark

Mail Service through CVS Caremark (cont'd)

If exclusions apply:

- Obtain a new prescription from your doctor for up to a 90-day supply, and send to CVS Caremark Mail Service Pharmacy
- Contact our *FastStart* program at (800) 875-0867 and we will contact your doctor for you
- When calling, have your prescription and doctor information ready when calling

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PPO Prescription Plan – CVS Caremark

Prior Authorizations

- Prior authorizations from your doctor completed with Medco within the last 12 months will be transferred to CVS Caremark
- Medicines on prior authorization list must be re-authorized at regular intervals by your doctor
- For a list of medications that require prior authorization and/or quantity limits visit www.caremark.com/calpers or contact CVS Caremark Customer Care toll-free at (877) 542-0284 anytime after October 1, 2011

PPO Prescription Plan - CVS Caremark

Specialty Medications

Medications previously filled through Accredo specialty pharmacy will now be filled through CVS Caremark specialty pharmacy

What are Specialty Pharmacy Services?

- Certain disorders require special pharmacy products, often in the form of injected medicine
- CVS Caremark provides special support for these participants including 24-hour access to pharmacy services, emergency pharmacist consultation, as well as ongoing support and counseling

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PPO Prescription Plan - CVS Caremark

Specialty Medications (cont'd)

- CVS Caremark will receive information on members taking medications through Accredo
- We will contact you in December 2011 to assist with transition
- If you are taking specialty medication dispensed through Accredo and do not receive information from CVS Caremark by December 15- 2011, please call Customer Care toll-free at (877) 542-0284.

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PPO Prescription Plan – CVS Caremark

Member Pays the Difference Program

- In June CalPERS Board approved a second pharmacy benefit modification for 2012, "Member Pays the Difference"
 - This means your copay for medications that have a generic option available will change
- Generics have a lower copay than brand-name drugs

PPO Prescription Plan - CVS Caremar

Save Money with Generics

If you choose a brand-name drug over a generic option if one is available, you will pay the generic copay plus the cost difference between the generic and brand medications

Example:

- Generic medication cost = \$35
- Brand medication with a generic option available cost =\$200
- You get the generic filled for a 30-day supply = \$5 copay
- You get the brand filled for a 30-day supply= \$5 + \$165 cost difference
- (\$200- \$35) = \$170 total out-of-pocket cost

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Member Pays the Difference Exception

- Request a Member Pays the Difference exception if there is a generic equivalent, but you must use brand medication due to medical necessity
- A well-documented and established medical reason for exception will be required from prescribing physician

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PPO Prescription Plan – CVS Caremark

Member Pays the Difference Exception (cont'd)

- If the Member pays the Difference exception is approved, you will pay the applicable brand copay only
- Member Pays the Difference copays do not apply to out-of-pocket maximum





